



State Student Assistance Commission of Indiana
APPLICATION FOR CVO FEE REMISSION PROGRAM
Child or Spouse of Certain Public Safety Officers Supplemental Grant Program



This state of Indiana program—the *CVO Program*—provides tuition and fee assistance at public colleges for eligible children and spouses of certain Indiana public safety officers killed in the line of duty. As a supplement to other state financial aid, the grant pays 100% of tuition and program related mandatory fees; it does not cover non-tuition fees such as room and board or books.

Students who might be covered under the establishing Indiana Code (IC 20-12-19.5-1 or IC 10-1-2-11) are:

- A child of a police officer, firefighter or EMT killed in the line of duty, or the child of an Indiana state police trooper permanently and totally disabled in the line of duty.
- A spouse of a police officer, firefighter or EMT killed in the line of duty, or the spouse of an Indiana state police trooper permanently and totally disabled in the line of duty.

The deceased public safety officer must have been killed in the line of duty while a legal resident of Indiana and be one of the following:

- (1) A regular, paid law enforcement officer;
- (2) A regular, paid firefighter;
- (3) A volunteer firefighter (as defined in IC 36-8-12-2);
- (4) A county police reserve officer;
- (5) A city police reserve officer;
- (6) A paramedic (as defined in IC 16-18-2-266);
- (7) An emergency medical technician (as defined in IC 16-18-2-112); or
- (8) An advanced emergency medical technician (as defined in IC 16-18-2-6).

Some program restrictions apply and financial assistance may be limited. Children must be less than 23 years of age, a full-time undergraduate or graduate degree-seeking student, and the biological or legally adopted dependent child of the covered public safety officer. Spouses must be enrolled in a degree-seeking undergraduate program and must have been married to the covered public safety officer at the time of death. Both children and spouses must be regularly admitted as in-state students to one of the public colleges listed on the reverse of this page and must maintain satisfactory academic progress (as defined by the college) while receiving the fee remission. Other restrictions might apply.

The completed application and all necessary supporting documentation should be submitted to the State Student Assistance Commission (SSACI) at least 30 days before the start of the college term. Each child (and spouse) must submit a separate application and they must re-apply whenever they change schools. The approved application will be returned to the applicant. *The approved application must be presented at the financial aid office of the chosen college in order to receive the fee remission benefit.* If the application is not approved, the student will be so notified in writing. The application and supporting documentation must be mailed or delivered to the following address. Faxed documents will not be accepted.

CVO Fee Remission Application
State Student Assistance Commission of Indiana
150 W. Market Street, Suite 500
Indianapolis, IN 46204

Voice: (317) 232-2350 or (888) 528-4719
<http://www.in.gov/ssaci/>

Please note that all students are **required** to file the *Free Application for Federal Student Aid* (FAFSA) each year at least two (2) weeks before they start college. This federal government form can be obtained on-line at fafsa.ed.gov or from a high school or college.



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Eligible Indiana Public Colleges for the CVO Program

Code Name

001786 Ball State University

001807 Indiana State University

Indiana University Campuses

001809 Bloomington

001811 East (Richmond)

001813 IUPUI (Indianapolis)

001814 Kokomo

001815 Northwest (Gary)

001816 South Bend

001817 Southeast (New Albany)

E01033 IUPUC (Columbus)

Ivy Tech State College/Community College of Indiana Campuses

035213 Bloomington

010038 Columbus

009925 Evansville/Tell City

009926 Fort Wayne

010040 Gary/Valparaiso/East Chicago/Michigan City

009917 Indianapolis

010041 Kokomo/Logansport/ Wabash

010039 Lafayette/Crawfordsville

009923 Madison/ Lawrenceburg/Batesville

009924 Muncie/Anderson/Marion

010037 Richmond/Connersville

010109 Sellersburg

008423 South Bend/Warsaw/Elkhart

008547 Terre Haute/Greencastle

Purdue University Campuses

001827 Calumet

001828 Fort Wayne (IPFW)

001826 North Central

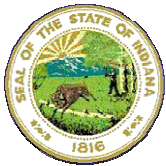
001825 West Lafayette

001808 University of Southern Indiana

001843 Vincennes University

Community College of Indiana Students

If you intend to enroll in the *Community College of Indiana*, please list the Ivy Tech State College campus you plan to attend.



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Please complete both sides of this application

1. Please check whether you are a child or spouse of the covered public safety officer. Check one box only.

Child	Spouse	Covered public safety officer
		A regular, paid law enforcement officer killed in the line of duty
		A regular, paid firefighter killed in the line of duty
		A volunteer firefighter (as defined in IC 36-8-12-2) killed in the line of duty
		A county police reserve officer killed in the line of duty
		A city police reserve officer killed in the line of duty
		A permanently and totally disabled state police trooper
		A paramedic (as defined in IC 16-18-2-266) killed in the line of duty
		An emergency medical technician (as defined in IC 16-18-2-112) killed in the line of duty
		An advanced emergency medical technician (as defined in IC 16-18-2-6) killed in the line of duty

Remarried spouses: The children of a remarried surviving spouse, or the spouse herself or himself, are still eligible to be considered for the CVO Program. If you are a child whose surviving parent has remarried or an eligible spouse who has remarried, please check here _____. Complete the following table with your current (legal) name.

2. Please complete the following about yourself (the student applicant). Please print.

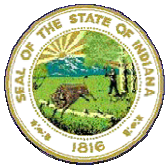
First Name		Middle Initial	Last Name	E-mail Address
Social Security Number		Date of Birth (mm/dd/yyyy)		Telephone Number
Street Address		City		State Zip Code
Please select from the list on the previous page the college you plan on attending next term				
College Name		College Code		Date of Enrollment

This section applies to children only.

3. In order to be eligible, you must be the biological child of the covered public safety officer or legally adopted by that covered public safety officer. If legally adopted, it must have been when you were less than 24 years of age; not married; had no dependents of your own; and not a veteran of the armed forces. Adoption by the spouse of a covered veteran is not valid for inclusion of a child in the CVO Program. Adoption must be in effect before application for the benefits is submitted.

Please write your initials in the appropriate space:

- a) I am the biological child of the covered officer: _____.
b) I was legally adopted by the covered officer. *I have attached a copy of the legal documents indicating when and where I was adopted:* _____.
c) I am not the biological child nor was I legally adopted: _____.



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4. Please complete the following about the covered public safety officer at the time of his or her death, or if a permanently disabled state police trooper, current information:

First Name	Middle Initial	Last Name
Social Security Number	Date of Birth (mm/dd/yyyy)	Date of Death (or Disability)
Street Address	City	State Zip Code
I attest that the covered public safety officer was a legal resident of the state of Indiana at the time of his or her death or permanent and total disability if an Indiana state police trooper. <i>Your signature:</i>		
Public Safety Officer Employer Information		
Position of Covered Officer	Name of Employer	Street Address of Employer
City of Employer	State/Zip Code of Employer	Telephone Number of Employer

Required Attachments

You must attach to this application a letter from the employer listed above attesting to the information you have supplied (including residency). The letter must be on the official stationery of the public safety department and signed by an appropriate chief officer of the department. The information will be verified through the 1977 Police Officers' and Firefighters' Pension and Disability Fund (PERF), the state Emergency Medical Service Agency (SEMA/EMS) or the Indiana State Police (ISP) as appropriate.

I attest that the information I have given on this application is true and accurate, that I have attached all necessary documentation with this application, and that I have read and understood the CVO Program requirements and limits:

<i>Your Signature</i>	<i>Today's Date</i>
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The application and supporting documentation should not be faxed but should be mailed or delivered to:

**CVO Fee Remission Application
State Student Assistance Commission of Indiana
150 W. Market Street, Suite 500
Indianapolis, IN 46204**

TO BE COMPLETED BY THE STATE STUDENT ASSISTANCE COMMISSION		
Approved: _____	Incomplete: _____ Please see attached explanation.	Denied: _____ Please see attached explanation.
Name	Signature	Date